#### 2015 MORGANTOWN CITY ELECTION (APRIL 28, 2015)

TO WHOM IT MAY CONCERN:

FROM: City Clerkfinds & Tucker

This petition must be signed by "qualified" voters of the Ward in which you reside. 75 signatures are required, however it is suggested that you submit between 75 and 100 signatures. Persons signing your petition must use their given name, i.e., Mary Smith rather than Mrs. John Smith. If a person signs more than one petition, his/her signature shall be void except as to the first filed of the petitions signed by him/her. The signatures shall be in ink and the date signed indicated next to the signature.

Petitions and <u>Certificate of Announcement</u> must be filed in the City Clerk's Office between the weeks of <u>January 5, 2015 to February 9, 2015</u>. The earlier the better to avoid the possibility of duplication of signatures. Prospective candidates must be qualified voters of the City.

March 3, 2015: Drawing for positions on the ballot conducted at City Hall/Council Chambers at 9:00 a.m.

Application for residents absent from the City, out of the country, confined to home, in the hospital, health care facility, or traveling on Election Day can apply for Absentee Voting in the City Clerk's office starting February 3, 2015.

Early Voting will begin April 15, 2015 until April 25, 2015. 9am-5pm. Open two Saturdays April  $18^{\rm th}$  and April  $25^{\rm th}$ .

April 11, 2015: First Campaign Report due in City Clerk's Office.

April 7, 2015: Last day to register to vote.

April 28, 2015: Election Day. Polls open at 6:30am, close at 7:30pm.

May 11, 2015: Final Campaign Report Due in City Clerk's Office.

Included with this petition are the following forms:

- 1. Petition
- 2. Municipal Candidate's Certificate of Announcement
- 3. Pre-candidacy Registration Form
- 4. Treasurer Designation for Candidate's Committee
- 5. Political Action Committee/Notice of Change of Treasurer
- 6. Notice of Withdrawal of Candidacy
- 7. Notice of Dissolution of Campaign or Political Committee
- 8 Notice of Change of Treasurer for Campaign Committee
- 9. Campaign Financial Statement-Short Form
- 10. Campaign Financial Statement-Long Form
- 11. Political Signs

# THE CITY OF MORGANTOWN NOMINATING PETITION FOR OFFICE OF COUNCILMEMBER

| We, the undersigned   | qualified voters of The Ci   | ty of Morga                             | ntown, hereby      |
|-----------------------|--|---|--------------------|
| nominate              | , whose residence cilmember at large from the Election to be held on the 2 | C 15                                    | Ward to be voted   |
| , TOI COUNC           | Election to be held on the   | 28 <sup>th</sup> day of A               | nril 2015: and     |
| for at the Municipal  | Election to be nerd on the 2   | alified wet                             | ore of the         |
| further, we individu  | ally certify that we are qu  | hat we have                             | ers or the         |
| Ward of T             | the City of Morgantown and t   | that we have                            | e not signed       |
| nominating petitions  | for any other candidates for   | that office                             | , realizing that   |
| _                     | be void except as to the fi  | rst filed o                             | f the petitions    |
| signed by us.         |  |   |                    |
|                       |  |   |                    |
| SIGNATURE             | PRINT: NAME & ADDRESS  | DATE                                    | Precinct<br>Number |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  | %                                       |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  | -                                       |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   | _                  |
|                       |  |   |                    |
|                       |  |   | _                  |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  | 3====================================== |                    |
|                       |  |   |                    |
|                       |  |   | <del>-</del>       |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
| *                     |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       |  |   |                    |
|                       | CERTIFICATE OF CIRCULAT  |   | 1 1 1              |
| The undersigned is    | the circulator of this peti  | tion paper                              | which              |
| containssigna         | tures. Each signature affi   | ixed thereto                            | was made in my     |
| presence and is, I be | elieve, the genuine signatu  | re of the pe                            | erson whose name   |
| it purports to be.    |  |   |                    |
| = -                   |  |   |                    |
|                       | Signature of Circ  | culator                                 |                    |
|                       | Address  |   |                    |
|                       |  |   |                    |

Date: \_\_\_\_\_

### STATE OF WEST VIRGINIA Municipal Candidate's Certificate of Announcement

Any candidate who seeks nomination or election to an office to be filled by election in any primary or general election within a municipality shall file a complete certificate of announcement, under oath, and the required fee, with the municipal recorder and within the required time. [W. Va. Code 3-5-7]

| hereby swear or affirn                                 | n that the following information is tru  | e: Please Print  |
|--|--|--|
| I declare myself a car                                 | ndidate for the office of:   | Office   |
| in (if applicable) the v                               | ward:  | Office   |
|  |  | Ward   |
| Candidate's Legal Na                                   | me:  |  |
| (First, middle & last name                             |  |  |
|  | appear on the Ballot:  |  |
|  | s prohibit use of titles, title analyment and are allowed)                           |  |
| I am a legally qualifie                                | d voter of the city of:  |  |
| and the ward of: (war<br>only if city is divided in wa | d name & number required   |  |
| running for ward council s                             |  | Ward of Residence (if required)  |
| Current residence is:                                  |  |  |
| (give apartment and/or ho                              | ouse number, street, road or rural route-  |  |
| (Specific address where ca                             | ive town or city, state and zip code indidate resides at time of filing)             |  |
| Mailing address (if di                                 | ferent from residence):  | *  |
| ,  |  |  |
| For partisan election                                  | s only:  |  |
| -  | ne following political party:  | Political Party Affiliation  |
|  | on that party's ballot; and I affirm   | *Note: If you are filing in a municipality<br>which uses alternative parties, please place |
| that I have not been I                                 | registered to vote as a member of  | your municipal party affiliation in this line.   |
|  |  |  |
| swear or affirm that I an                              | n a candidate for this office in good faith in<br>General Election, and that I am el | the (give date) Primary  |
| iection /  | General Election, and that I am er   | Bible and quanted to note the entre.   |
|  | 3  |  |
| Candidate's Signature                                  | must be notarized)   | Date   |
| State of   | , County of  |  |
| Subscribed and sworn                                   | to before me this day of   |  |
| Substitute and the                                     |  | ***************************************  |
|  |  |  |
|  |  |  |
|  |  | Signature of Notary Public or  |
|  |  | official authorized to give oaths  |
| STAMP/S  | EAL  |  |

Official Form C-1 MUNI

Revised 10/13

#### **State of West Virginia** PRECANDIDACY REGISTRATION FORM

For All Statewide, Legislative, County and Municipal Offices

I will accept contributions and spend money toward my possible candidacy for public office, as permitted by West Virginia Code §3-8-5e.

| Date: Office                                       | */   | District #;Political Party   |
|--|--|--|
| Name:  |  | Election Year:   |
| Residence Address:                                 |  |  |
| City:  | , WV Zip Code  | e: County:   |
| Telephone: (home)                                  |  | (work)   |
| Mailing Address:                                   |  |  |
| Email:   |  |  |
| Committee Name:                                    |  |  |
| My treasurer or finance<br>NOTE: A judicial candid |  | financial agent for his or her campaign.   |
| Name:  |  |  |
| Residence Address:                                 |  |  |
|  |  | Zip Code:  |
| Telephone: (home)                                  |  | (work)   |
| Mailing Address:                                   |  |  |
| Email:   |  |  |
| vou to file the con                                | nmittee's finances via an ir                         | Campaign Finance Reporting System which will allow<br>nternet service provided by the Secretary of State.<br>s that file with the Secretary of State.                            |
| requirements of the WV                             | Code and the Rules & Regits. This document will serv | nted to my precandidacy or candidacy is subject to the julations promulgated by the Secretary of State, including we as the oath for all electronically filed reports associated |
| Precandidate's s                                   | ignature   | Treasurer's Signature  |



Published by: The Office of the Secretary of State Bldg. 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305 (304) 558-6000 E-mail: elections@wvsos.com

Internet Address: www.wvsos.com

File this form with Secretary of State if a candidate for statewide, legislative, or multi-county judicial office.

File this form with County Clerk if a candidate for county office or single-county judicial office.

File this form with Municipal Clerk/Recorder if a candidate for municipal (city or town) office.

> Offical Form F-1 Revised 10/13

#### **State of West Virginia** TREASURER DESIGNATION For Candidate's Committee

| I,, a candid   | date in the elect                   | tion year  | for the office of         |
|--|-------------------------------------|--|---------------------------|
|  | in the                              | district (if applicabl                                   | e), hereby designate      |
| the following person who has agreed to serve as treasurer to   | be responsible                      | for the campaign finan                                   | cial activity in relation |
| to my candidacy for the above office:  |                                     |  |                           |
| Campaign Committee Name:   |                                     |  |                           |
| Treasurer Name:  |                                     |  |                           |
| Treasurer Mailing Address:   |                                     | <u> </u>   |                           |
|  |                                     |  |                           |
| Daytime Phone Number:  | Email Addre                         | ess:   |                           |
| Check here to enroll your committee in the Ca allow you to file the committee's finances via a State. This service is only available for comm  | an internet ser                     | vice provided by the                                     | Secretary of              |
| It is the responsibility of the treasurer to read and comply related materials. I understand that every financial transa the requirements of the WV Code and the Rules & Regul reporting requirements. This document will serve as the oal listed campaign, if applicable. | action related to<br>ations promulg | my precandidacy or cated by the Secretary                | of State, including all   |
| Candidate's Signature  | Treasurer's                         | s Signature  |                           |
| Published by:  | statewide, legis                    | th Secretary of State if a<br>lative, or multi-county ju | idicial office.           |



Bldg. 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305 1-866-767-8683 elections@wvsos.com www.wvsos.com

office or single-county judicial office.

File this form with Municipal Clerk/Recorder if a candidate for municipal (city or town) office.

> OFFICIAL FORM F-3 REVISED 11/13

# State of West Virginia POLITICAL ACTION COMMITTEE OR POLITICAL PARTY EXECUTIVE COMMITTEE Statement of Organization

A Statement of Organization <u>must</u> be filed <u>at least 28 days before</u> the election in which the Political Action Committee or Executive Committee will be active and <u>before</u> the committee receives or spends any money.

| EXO   |  |   |   |
|---|--|---|---|
|   | ☐ Original Form  | or $\square$  | Amended Form  |
| Committee Nam                                 | 1e:  |   |   |
| Committee Chair                               | rperson:   |   |   |
| Mailing Address:                              |  |   |   |
| Daytime Phone N                               | Number:  | Email Add   | dress:  |
| Committee Treas                               | surer:   |   |   |
| Mailing Address:                              |  |   |   |
| Daytime Phone I                               | Number:  | Email Add   | dress:  |
|   | ation: (If Applicable)   |   |   |
| ☐ Members ☐ Corporat ☐ Unaffiliat ☐ Executive | ed PAC   | ☐ Statev  | tee will Influence: wide, Legislative or Multi-County Districts ty District cpal District   |
| file the com                                  | e to enroll your committee in the <b>Can</b><br>nmittee's finances via an internet se<br>ble for committees that file with the S | rvice provided by the                                 | porting System which will allow you to Secretary of State. This service is  |
| acknowledges that<br>Change of Treasur        | the or she is personally responsible fer notice (Form F-5) is submitted to on (Form F-6). This document will se                  | for filing the statutorily<br>the office that receive | surer of this committee. The treasurer<br>y required campaign finance reports until a<br>es this form, or until the committee files a<br>Il electronically filed reports associated with th |
| Chairper                                      | son's signature  | -   | Treasurer's signature   |
|   | Date   |   | Date  |
|   |  |   |   |



Published by: The Office of the Secretary of State Bldg. 1, Suite 157-K 1900 Kanawha Blvd. E Charleston, WV 25305 1-866-767-8683 E-mail: elections@wvsos.com Internet: www.wvsos.com

OFFICIAL FORM F-4 REVISED 10/13

# State of West Virginia NOTICE OF WITHDRAWAL OF CANDIDACY

I hereby give notice that I am no longer a candidate for the office listed below. I request that my name be officially removed from the ballot for the election in which I was previously a candidate.

I certify that my committee will no longer accept any contributions or make expenditures unless in accordance with the provisions of the West Virginia Code of State Rules on Campaign Finance, Title 146, Series 3, Article 7.

| Committee Name |  |  |
|----------------|--|--|

**Election Year** 

Office sought District/ Division

Signature of Candidate Date

Please note: This request must be received by the appropriate filing officer by the third Tuesday following the close of candidate filing

| STATE OF WEST VIRGINIA |
|------------------------|
| COUNTY OF              |

The foregoing instrument was acknowledged before me on \_\_\_\_\_\_

(seal) My Commission Expires \_\_\_\_\_

Notary Public

Where to file:

Name of Candidate

- \* Secretary of State For ALL Legislative candidates and candidates on the ballot in more than one county.
- \* County Clerk For candidates on the ballot in only one county.
- \* Municipal Clerk/Recorder For candidates on the ballot in one municipality,



Published by:
The Office of the Secretary of State
Building 1, Suite 157-K
1900 Kanawha Blvd. East
Charleston, WV 25305
(304) 558-6000
elections@wvsos.com
www.wvsos.com

OFFICIAL FORM C-9 REVISED 11/13

# State of West Virginia NOTICE OF DISSOLUTION OF POLITICAL COMMMITTEE

(Final campaign finance report must have been submitted prior to this notice.)

I hereby give notice that the following political committee wishes to dissolve and cease all activity as a political committee as of the date listed below.

I certify that the committee will not accept any contributions or make any expenditures after this date, and that before filing this notice, the committee has paid all debts, repaid all loans, and disposed of all assets of the committee according to the provisions of WV Code §3-8-10 and WV CSR §146-3-7.

I further certify that I have submitted a final financial report which reflects all financial transactions not previously reported and which shows a zero balance and no debts or unpaid bills.

| Name of Treasurer or Financial Agent      |      |  |
|---|------|--|
| Signature of Treasurer or Financial Agent | Date |  |
| Committee Name                            |      |  |
| Mailing Address                           |      |  |
| City/State/Zip Code                       |      |  |

Where to file this form:

- \* Secretary of State For commmittees that support or oppose candidates on the ballot in more than one county.
- \* County Clerk For committees that support or oppose candidates on the ballot in only one county.
- \* Municipal Clerk/Recorder For committees that support or oppose candidates on the ballot in only one municipality.



Published by: The Office of the Secretary of State Building 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305 1-866-767-8683 elections@wvsos.com www.wvsos.com

OFFICIAL FORM F-6 REVISED 11/13

#### State of West Virginia

## Notice of Change of Treasurer For a Campaign Committee, Political Action Committee or Party Executive Committee

| Committee Name:  |   |
|--|---|
| Authorized person making appointment:  |   |
| Authorized person making appointment, pleas  | e fill out the following:   |
| I hereby notify you that   | who previously served as treasurer of above   |
| Name of former financial agent or to   | easurer   |
| committee has resigned effective and that  | the following person has agreed to serve in that capacity   |
| Date   |   |
| beginning  |   |
| Date   |   |
|  |   |
| Name of new treasurer or financial agent   | Daytime phone   |
| Participant  |   |
| Mailing address  |   |
| Email address  | New treasurer county of residence   |
| Ciliali address  | New deadard county of residence   |
|  |   |
| Signature of person making   | g appointment   |
| New treasurer please read and sign below:  |   |
|  | aign Finance Reporting System which will allow you vice provided by the Secretary of State. This service is cretary of State. |
| The person listed on this form has agreed to serve as treas<br>or she is personally responsible for filing the statutorily req<br>notice (Form F-5) is submitted to the office that receives<br>Notice of Dissolution (Form F-6). This document will serve |   |
| with the above listed campaign, if applicable.   | e as the oath for all electronically filed reports associated   |
|  | ye as the oath for all electronically filed reports associated  Signature of new treasurer                                    |



Published by: The Office of the Secretary of State Natalie E. Tennant Bldg. 1 Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305-0770 1-866-SOS-VOTE

E-mail: elections@wvsos.com Internet: www.wvsos.com File this form with **County Clerk** if a candidate for county office or single-county judicial office.

legislative, or multi-county judicial office.

File this form with **Municipal Clerk/Recorder** if a candidate for municipal (city or town) office.

OFFICIAL FORMF-5 REVISED 8/09

## State of West Virginia Campaign Financial Statement (Short Form) in Relation to the \_\_\_\_\_ Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

| Candidate or Committee Name  | Candidate or Committee's Treasurer  |   |
|--|---|---|
| Political Party (for candidates)   | Treasurer's Mailing Address (Street, Route o  | or P.O. Box)  |
| Office Sought (for candidates) District/Division   | City, State, Zip Code Daytime   | e Phone #   |
| Election Cycle  Primary - First Report  Due last Saturday in March or within 6 days thereafter.  General - First Report  Due 43 days preceding general election or within 6 days thereafter.  Pre-primary Report  Due 15 days preceding primar election or within 4 days there election or wit | Post-primary Report Due 13 days following primary election or within 20 business days thereafter.  Post-general Report Due 13 days following general election | Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report Zero balance require PAC must also file Fo F-6 Dissolution |

#### REPORT TOTALS

(Fill in totals after you have completed page 2)

#### CASH BALANCE SUMMARY

| Beginning Balance (ending balance from previous report) | 1.                    | TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DAT |
|---|-----------------------|--|
| Total Contributions (from Page 2)                       | 2. +                  | (Add line 2 from all reports             |
| Subtotal<br>(lines 1+2)                                 | 3. =                  | TOTAL EXPENDITURES                       |
| Total Expenditures<br>(from Page 2)                     | 4                     | (Add line 4 from all reports             |
| Ending Balance<br>(lines 3-4)                           | =                     |  |
| *Cannot have a neg                                      | gative ending balance |  |
|   |                       |  |

#### CONTRIBUTORS OF:

**\$250 or Less** 

More than \$250

| Date   | Full Name                                    | Amount             | Date    |   |   | Amount                      |
|--------|--|--------------------|---------|---|---|-----------------------------|
|        |  |                    |         | Full Name:<br>Address:  |   |                             |
|        |  |                    |         | Contributor's job: (Individu<br>Where contributor works:<br>Affiliation: (Political comm  | ual)<br>(Individual)<br>ittee)                |                             |
|        |  |                    |         | Full Name:<br>Address:  |   |                             |
|        |  |                    |         | Contributor's job: (Individe<br>Where contributor works<br>Affiliation: (Political comm   | ual)<br>: (Individual)<br>iittee)             |                             |
|        |  |                    |         | Full Name:<br>Address:  |   |                             |
|        |  |                    |         | Contributor's job: (Individent<br>Where contributor works<br>Affiliation: (Political comm | ual)<br>: (Individual)<br>nittee)             |                             |
|        |  |                    |         | Full Name:<br>Address:  |   |                             |
|        |  |                    |         | Contributor's job: (Individent<br>Where contributor works<br>Affiliation: (Political comm | ual)<br>: (Individual)<br>ittee)              |                             |
|        | Check if additional pages have been atached. |                    |         | Total Cor<br>(add both  | ntributions:<br>n columns)                    |                             |
|        | ITEMIZED EXPENDI                             | TURES (Item        | ize 3ı  | d party expenditur  | res/reimbursements)                           |                             |
| Date   | Full name, residence address (if p           | erson); business a | ddress  | (if firm)   | Purpose                                       | Amount                      |
|        |  |                    |         |   |   |                             |
|        |  |                    |         |   |   |                             |
|        |  |                    |         |   |   |                             |
|        |  |                    |         |   |   |                             |
|        |  |                    |         |   |   |                             |
|        |  |                    |         |   |   |                             |
|        | AS MANY COPIES<br>IS PAGE AS YOU NEED.       |                    |         |   | Total Expenditures:                           |                             |
|        |  | OATH O             | R AFI   | FIRMATION   |   |                             |
|        |  |                    |         |   |   |                             |
|        | ct, to the best of my knowledge              | , of all financ    | ial tra | vear or affirm that t<br>insactions occurring   | he attached statement within the period cover | is true and<br>ered by this |
| stater | ment, as required by West Virgin             | ia Code 83-8-      | -sa.    |   |   |                             |
| -      |  |                    |         | Signature   | e of Candidate, Agent, o                      | r Treasurer                 |
| Date_  | , 20   | . 8                |         |   |   |                             |
|        |  |                    |         |   | Office Use Only                               |                             |
|        |  |                    |         |   |   |                             |
|        |  |                    |         |   |   |                             |
|        |  |                    |         | Receiv  | red By:                                       |                             |

# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the \_\_\_\_\_ Election Year

| Candidate or Committee Name  |  |  | Candidate or Committee's Treasurer   |                    |  |  |
|--|--|--|--|--------------------|--|--|
| Political Party (for candidates)   |  |  | Treasurer's Mailing Address (Street, Route or P.O. Box)  |                    |  |  |
| Office Sought (for candidates) District/Division   |  |  | City, State, Zip Code Daytime Phone #  |                    |  |  |
| Due last Saturday in March or within 6 days thereafter.  General - First Report Due 43 days preceding general Due 15 | rimary Report days preceding prima n or within 4 business er. eneral Report days preceding gener n or within 4 business er. en Annual Report | days el the poly days of the poly days o | Check if Applicable Lection or within 20 business days Lecterater. Lection or within 20 business days Lecterater. Lection or within 20 business days Lection | eck<br>e<br>uired. |  |  |
|  |  | RT TO  |  |                    |  |  |
| RECEIPTS OF FUNDS:   | Fill in totals at the Totals for this F  |  | ion of the report.  CASH BALANCE SUMMARY   | 1                  |  |  |
| Contributions (Page 3) Monetary Contributions from all   | +  |  | Beginning Balance (ending balance from previous report)  |                    |  |  |
| Fund-Raising Events (Page 4)  Receipt of a Transfer of  Excess Funds (Page 8)  | +  |  | Total Monetary Contributions +   |                    |  |  |
| Total Monetary Contributions:  | =  |  | Total Other Income +   |                    |  |  |
| In-Kind Contributions (Page 5)   | +  |  |  |                    |  |  |
| Total Contributions:   | =  |  | Subtotal: a. =   |                    |  |  |
| OtherIncome (Page 5)   | I  |  | Total Expenditures (Page 7)  |                    |  |  |
| Loans Received (Page 6)  | +  |  | Total Disbursements of Excess Funds (Page 8) +   |                    |  |  |
| Total Other Income:  | =  |  | Repayment of Loans (Page 6) +  |                    |  |  |
| OUTSTANDING LOANS  | & DEBTS:   |  | Subtotal: b. =   |                    |  |  |
| Unpaid Bills (Page 9)  |  |  |  |                    |  |  |
| Outstanding Loans (Page 6)   | +  |  | Ending Balance:  |                    |  |  |
| Total Debts:   | =  |  | (Subtotal a Subtotal b.)  *Cannot be negative balance  |                    |  |  |
| TOTAL CONTRIE<br>ELECTION YEAR-<br>(Add total contributions f  | TO-DATE  |  | TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add total expenditures from all reports)   | 4                  |  |  |

| Page 2. | Contributors of \$250 or Less                                      | Che have | ck if additional pages<br>e been attached. |
|---------|--|----------|--|
| DATE    | CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME                        |          | AMOUNT                                     |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         |  |          |  |
|         | IANY COPIES AGE AS YOU NEED Subtotal of contributors of \$250 or l | less:    |  |

| Page 3.    | Contributors of Checkifact More than \$250   | dditional pages<br>attached. |
|------------|--|------------------------------|
|            | Wildle than \$250  |                              |
| DATE       | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME   | AMOUNT                       |
|            | Full Name:   |                              |
|            | Address: (residential and mailing if they are different)   |                              |
|            | Contributor's job: (individual contributor only)   |                              |
|            | Where contributor works: (individual contributor only)   |                              |
|            | Affiliation: (political committee only)  |                              |
|            | Full Name:   |                              |
|            | Address: (residential and mailing if they are different)   |                              |
|            | Contributor's job: (individual contributor only)   |                              |
|            | Where contributor works: (individual contributor only)   |                              |
|            | Affiliation: (political committee only)  |                              |
|            | Full Name:   |                              |
|            | Address: (residential and mailing if they are different)   |                              |
|            | Contributor's job: (individual contributor only)   |                              |
|            | Where contributor works: (individual contributor only)   |                              |
|            | Affiliation: (political committee only)  |                              |
|            | Full Name:   |                              |
|            | Address: (residential and mailing if they are different)   |                              |
|            | Contributor's job: (individual contributor only)   |                              |
|            | Where contributor works: (individual contributor only)   |                              |
|            | Affiliation: (political committee only)  |                              |
|            | Full Name:   |                              |
|            | Address: (residential and mailing if they are different)   |                              |
|            | Contributor's job: (individual contributor only)   |                              |
|            | Where contributor works: (individual contributor only)   |                              |
|            | Affiliation: (political committee only)  |                              |
|            | Full Name:   |                              |
|            | Address: (residential and mailing if they are different)   |                              |
|            | Contributor's job: (individual contributor only)   |                              |
|            | Where contributor works: (individual contributor only)   | 1                            |
|            | Affiliation: (political committee only)  Subtotal of all contributors of more than \$250         |                              |
|            | ANY COPIES   | (r                           |
| OF THIS PA | GE AS YOU NEED Subtotal of all contributors of \$250 or less (From page 2)  Total Contributions: | <u>+</u><br>=                |
|            | Total Contributions.   |                              |

#### Page 4.

#### **FUND-RAISING EVENTS**

| $\neg$  | Check if additional pages |
|---------|---------------------------|
| $\perp$ | have been attached.       |

All monetary contributions received at a fundraiser must be reported in the Event Summary below.

If contributor's name and amount are not listed, the contribution must be turned over to the West Virginia General Revenue Fund.

The only exception to this rule may apply to political party executive committees. (W V Code §3-8-5a)

#### **EVENT SUMMARY**

| Date of Event         | Total Monetary<br>Contributions:            |   |
|-----------------------|---|---|
| Type of Event         | Total Expenditures:                         |   |
| Name of Place Held    | Total Expenditures:<br>(Itemized on page 7) | - |
|                       | NETRECEIPTS:                                | = |
| Address of Place Held | Total In-Kind Contributions                 |   |
|                       | related to the Fund-raiser:                 | 1 |
|                       | (Itemized on page 5)                        |   |

#### Contributors of \$250 or less

#### Contributors of more than \$250

| Contributors of \$250 or less |                                       |        |      | Contributors of more than \$250  |        |  |
|-------------------------------|---------------------------------------|--------|------|--|--------|--|
| Date                          | Full Name                             | Amount | Date |  | Amount |  |
|                               |                                       |        |      | Full Name:<br>Address: (residential and mailing if they are different) |        |  |
|                               |                                       |        |      | Contributor's job: (Individual only)                                   |        |  |
|                               |                                       |        |      | Where contributor works: (Individual only)                             |        |  |
|                               |                                       |        |      | Affiliation: (Political commmittee only)                               |        |  |
|                               |                                       |        |      | Full Name:<br>Address: (residential and mailing if they are different) |        |  |
|                               |                                       |        |      | Contributor's job: (Individual only)                                   |        |  |
| _                             | T T T T T T T T T T T T T T T T T T T |        | ľ    | Where contributor works: (Individual only)                             |        |  |
|                               |                                       |        |      | Affiliation: (Political commmittee only)                               |        |  |
|                               |                                       |        |      | Full Name:<br>Address: (residential and mailing if they are different) |        |  |
|                               |                                       |        |      | Contributor's job: (Individual only)                                   |        |  |
|                               |                                       |        | 1    | Where contributor works: (Individual only)                             |        |  |
|                               |                                       |        |      | Affiliation: (Political commmittee only)                               |        |  |
|                               |                                       |        |      | Full Name:<br>Address: (residential and mailing if they are different) |        |  |
|                               |                                       |        |      | Contributor's job: (Individual only)                                   |        |  |
|                               |                                       |        | 1    | Where contributor works: (Individual only)                             |        |  |
|                               |                                       |        |      | Affiliation: (Political commmittee only)                               |        |  |
|                               |                                       |        |      | Full Name: Address: (residential and mailing if they are different)    |        |  |
|                               |                                       |        |      | Contributor's job: (Individual only)                                   |        |  |
|                               |                                       |        |      | Where contributor works: (Individual only)                             |        |  |
|                               |                                       |        |      | Affiliation: (Political commmittee only)                               |        |  |
|                               |                                       |        |      | Subtotal of contributors of more than \$250:                           |        |  |
| Sub                           | total of contributors of              |        | _    | Subtotal of contributors of \$250 or less :                            | +      |  |
|                               | \$250 or less:                        |        |      | Total Contributions:   |        |  |

Page 5.

| OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS |                                  |                             |        |  |  |
|---|----------------------------------|-----------------------------|--------|--|--|
| Date  | Source of Income                 | Type of Receipt             | Amount |  |  |
| -   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |
|   |                                  | Total Other Income:         |        |  |  |
| Checkifa  | dditional pages                  |                             |        |  |  |
| have beer   | n attached.                      |                             |        |  |  |
| IN-KIND CONTRIBUTIONS                                   |                                  |                             |        |  |  |
| Date  | Name and Contributor Information | Description of Contribution | Value  |  |  |
|   |                                  |                             |        |  |  |
|   |                                  |                             |        |  |  |

| Date | Name and Contributor Information | Description of Contribution | Value |
|------|----------------------------------|-----------------------------|-------|
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total In-Kind Contributions:

| Pag | е | 6. |
|-----|---|----|
|-----|---|----|

#### LOANS

| Ĭ | Check if additional pages have been attached. |
|---|---|
| Į | have been attached.                           |

West Virginia Code: §3-8-5f. Loans to candidates, organizations or persons for election purposes.

"Every candidate, financial agent, person or association of persons or organization advocating or opposing the nomination or election of any candidate or the passage or defeat of any issue or item to be voted upon may not receive any money or any other thing of value toward election expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed by the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, the terms, including interest and repayment schedule, and a description of the collateral, if any, and the full names and addresses of all parties to the agreement. A copy of the agreement shall be filed with the financial statement next required after the loan is executed."

The loan agreement **must** include all items asked for in the statute. (See above.) The loan agreement does not have to follow a certain format; generally, if all the required information is listed, any format is acceptable.

Candidates or political committees that take out a loan for the campaign through a bank or other commercial lending institution must include a copy of the loan agreement executed with that bank or institution. Candidates should not take out loans which are partially for personal use and partially for the campaign. It is almost impossible to keep reporting straight in this case.

Any money a candidate contributes to his or her campaign committee with the hope of repayment must be treated as a loan and reported in this section. When a candidate determines that no further repayment can be expected, the loan can be reported as repaid in this section by entering the amount left to repay in the repayments column and reporting the same amount as a contribution from the candidate on Page 2. These loans must be executed in writing. Caution: Candidates may not carry outstanding loans from one campaign to the next. Each campaign is separate. Funds from a current campaign cannot be used to repay a loan from a previous campaign.

#### How to report loans

- 1. Each loan for your campaign should be listed on a separate line. (Each time you loan money to the campaign or get a loan, it is considered to be a separate loan.) Include the following information on the form below:
  - a. loan(s) from prior reporting periods and the balance of each loan (Col. A.) If a payment was made on the loan, list that in Col. C. Any loan that was repaid in previous reporting periods does not need to be listed.
  - b. new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)
- 2. Attach a copy of the loan agreement for each loan received during the reporting period.

#### LOANS

(A copy of the loan agreement for each loan secured during this filing period must accompany this report)

| Bank Loans: List name & address of financial institution Candidate or Candidate's Spouse Loans: List name, residence and mailing address of | Column A Balance of previous loan at end of period | Amount of | mn B<br>new loan<br>uring period | <b>Colun</b><br>Repayr<br>during | nents      | Column D Balance outstanding at end of period |
|---|--|-----------|----------------------------------|----------------------------------|------------|---|
| person(s) making or cosigning loan  | Amount   | Date      | Amount                           | Date                             | Amount     | Amount  |
| 1.  |  |           |                                  |                                  |            |   |
| 2.  |  |           |                                  |                                  |            |   |
|   |  |           |                                  |                                  |            |   |
| 3.  |  |           |                                  |                                  |            |   |
| 4.  |  |           |                                  |                                  |            |   |
| 5.  |  |           |                                  |                                  |            |   |
|   | 1  | Loans     | Received                         | Repaymen                         | t of Loans | Outstanding Loans                             |
|   |  |           |                                  |                                  |            |   |
|   | Totals:  |           |                                  |                                  |            |   |

Page 7.

#### ITEMIZED EXPENDITURES

Check if additional pages have been attached.

(Itemize 3rd party expenditures/ reimbursements)

| Date        | Name of Person or Vendor and Address | Purpose             | Amount |
|-------------|--------------------------------------|---------------------|--------|
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
|             |                                      |                     |        |
| MAKE AS MAN | NY COPIES<br>E AS YOU NEED.          | Total Expenditures: |        |

| Page 8. | Receipt of a Transfer of Excess Funds                                 |                  | neck ir add<br>nave been a | attional pages<br>atached. |  |
|---------|---|------------------|----------------------------|----------------------------|--|
| Date    | Candidate Committee Name and Year                                     |                  |                            | Amount                     |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         | Total Receipts of Transfers of Excess Funds:                          |                  |                            |                            |  |
|         | Disbursements of Excess Funds   |                  |                            |                            |  |
| Date    | Name of candidate committee and election year disbursing excess funds | Purpo<br>Disburs | ose of Amount sement       |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |
|         |   |                  |                            |                            |  |

Total Disbursements of Excess Funds:

MAKEAS MANY COPIES OF THIS PAGE AS YOUNEED.

| <b>Page</b> | 9. |
|-------------|----|
|-------------|----|

#### UNPAID BILLS

| 1 | Check if additional pages have been attached. |
|---|---|
| J | have been attached.                           |

| Date      | Owed to Whom              | Affiliated with what Company or Group         | Purpose            | Amount                    |
|-----------|---------------------------|---|--------------------|---------------------------|
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           | Total U                                       | npaid Bills:       |                           |
|           |                           |   |                    |                           |
|           |                           |   | ) <u>- 5-</u> 5 87 |                           |
|           |                           | OATH OR AFFIRMATION                           |                    |                           |
|           |                           |   |                    |                           |
| T.        |                           |   | , swear or         | affirm that the attached  |
| statemen  | t is true and correct, to | the best of my knowledge, for all financial t | ransactions oc     | curring within the period |
| covered l | by this statement, as r   | required by West Virginia Code §3-8-5a.       |                    |                           |
|           |                           |   | Signature of       | Candidate, Financial      |
|           |                           |   | Agen               | t or Treasurer            |
|           |                           | Date2   | 20                 |                           |
|           |                           |   |                    |                           |
|           |                           |   |                    |                           |
|           |                           | r   |                    | Office Use Only           |
|           |                           |   | `                  | Since ode only            |
|           |                           | 1   |                    |                           |
|           |                           | 1   |                    |                           |
|           |                           |   |                    |                           |
|           |                           |   | Received           | Rv                        |



#### Office of the City Clerk

#### The City of Morgantown

Linda L. Little, CMC 389 Spruce Street, Room 10 Morgantown, West Virginia 26505 (304) 284-7439 Fax: (304) 284-7525 cityclerk@morgantown.com

#### **MEMORANDUM**

TO: POLITICAL CANDIDATES

RE: SIGN REGULATIONS AND POLITICAL SIGNS

#### 1. General Guidelines:

Signs supporting a candidate who is running for elected office or relating to an issue that is scheduled for consideration for the public body are usually of a temporary nature, made of nondurable materials, and displayed for a short time before the election/event and expected to be removed shortly thereafter.

Once a candidate has been verified and filled out all appropriate paperwork by the deadline to become an official candidate for office, they may begin posting political signs. The candidate, their supporters or committees are responsible for removing all political signs no later than 10 days after the election.

State law requires all to say: Paid for by for the Candidates campaign. If you have a treasurer you must have your treasurer do this.

#### 2. Signs along a street:

Signs within a City right-of-way are not permitted and may be removed by a municipal employee. Signs within a State Route right-of-way are not allowed and may also be removed by a municipal or state employee. Signs within a City or State Right-of Way are not permitted and may be removed by City and/or State Employees

#### 3. Signs on private property:

Signs erected on private property without prior permission may be removed by the property owner. When in doubt, contact the land owner.

#### 4. Legal basis for regulating political signs:

Although a 1992 West Virginia Supreme Court of Appeals Case does grant municipalities clear guidance to regulate political signs in the City, Morgantown has not yet had a big problem with such signs and a continued practice of common sense in placement of such signs can help avoid additional sign regulations.

#### 5. Zoning and Sign regulations:

The Department of Development Services and Morgantown City Code states that political signs are exempt.

According to the Planning & Zoning Code, Article 1369.05, Political Signs are exempt, except for height restrictions, which are not to be higher than 48 inches in all districts.

# Division of Highways Rules for the Placement of Political Signs Courtesy of the West Virginia Secretary of State's Office

Please keep the following rules in mind when displaying campaign materials:
Signs or posters cannot be placed on orabove a bivision of Highways right of way, which normally stretches 20 feet from the center line of a public road bistances do vary, however, so please contact the West Virginia Division of Highways if you are uncertain

of way must comply with the outdoor advertising statute in Chapter 17, Article virginia Code, and must also conform to any municipal ordinances regulating Signs or posters near rights 19, Section 1 of the West outdoor advertising.

Signs or posters cannot be placed on Division of Highways traffiction to signs nor block such signs, and cannot obscure the view of any connecting road on intersection.

Signs or posters cannot be placed on elements in nature, such as rocks or trees.

Avoid placing materials on fence posts, utility poles, or other stationary objects on private property without consent of the property owners.

Political overhead banners cannot be erected overrany county, state, or federal highway

1-866-767-8683

WWW.WVSDS.COTH

3042288386